

105TH CONGRESS
1ST SESSION

H. R. 15

To amend title XVIII of the Social Security Act to improve preventive benefits under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 7, 1997

Mr. THOMAS (for himself, Mr. BILIRAKIS, and Mr. CARDIN) introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to improve preventive benefits under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Medicare Preventive Benefit Improvement Act of 1997”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Screening mammography.
- Sec. 3. Screening pap smear and pelvic exams.
- Sec. 4. Coverage of colorectal screening.

Sec. 5. Prostate cancer screening tests.

Sec. 6. Diabetes screening benefits.

Sec. 7. Effective date.

1 **SEC. 2. SCREENING MAMMOGRAPHY.**

2 (a) PROVIDING ANNUAL SCREENING MAMMOGRAPHY
3 FOR WOMEN OVER AGE 49.—Section 1834(c)(2)(A) of
4 the Social Security Act (42 U.S.C. 1395m(c)(2)(A)) is
5 amended—

6 (1) in clause (iv), by striking “but under 65
7 years of age,” and

8 (2) by striking clause (v).

9 (b) WAIVER OF DEDUCTIBLE.—The first sentence of
10 section 1833(b) of such Act (42 U.S.C. 1395l(b)) is
11 amended—

12 (1) by striking “and” before “(4)”, and

13 (2) by inserting before the period at the end the
14 following: “, and (5) such deductible shall not apply
15 with respect to screening mammography (as de-
16 scribed in section 1861(jj))”.

17 (c) CONFORMING AMENDMENT.—Section
18 1834(c)(1)(C) of such Act (42 U.S.C. 1395m(c)(1)(C)) is
19 amended by striking “, subject to the deductible estab-
20 lished under section 1833(b),”.

21 **SEC. 3. SCREENING PAP SMEAR AND PELVIC EXAMS.**

22 (a) COVERAGE OF PELVIC EXAM; INCREASING FRE-
23 QUENCY OF COVERAGE OF PAP SMEAR.—Section

1 1861(nn) of the Social Security Act (42 U.S.C.
2 1395x(nn)) is amended—

3 (1) in the heading, by striking “Smear” and in-
4 serting “Smear; Screening Pelvic Exam”;

5 (2) by striking “(nn)” and inserting “(nn)(1)”;

6 (3) by striking “3 years” and all that follows
7 and inserting “3 years, or during the preceding year
8 in the case of a woman described in paragraph (3).”;
9 and

10 (4) by adding at the end the following new
11 paragraphs:

12 “(2) The term ‘screening pelvic exam’ means a pelvic
13 examination provided to a woman if the woman involved
14 has not had such an examination during the preceding 3
15 years, or during the preceding year in the case of a woman
16 described in paragraph (3), and includes a clinical breast
17 examination.

18 “(3) A woman described in this paragraph is a
19 woman who—

20 “(A) is of childbearing age and has not had a
21 test described in this subsection during each of the
22 preceding 3 years that did not indicate the presence
23 of cervical cancer; or

1 “(B) is at high risk of developing cervical can-
 2 cer (as determined pursuant to factors identified by
 3 the Secretary).”.

4 (b) **WAIVER OF DEDUCTIBLE.**—The first sentence of
 5 section 1833(b) of such Act (42 U.S.C. 1395l(b)), as
 6 amended by section 2(b), is amended—

7 (1) by striking “and” before “(5)”, and

8 (2) by inserting before the period at the end the
 9 following: “, and (6) such deductible shall not apply
 10 with respect to screening pap smear and screening
 11 pelvic exam (as described in section 1861(nn))”.

12 (c) **CONFORMING AMENDMENTS.**—Sections
 13 1861(s)(14) and 1862(a)(1)(F) of such Act (42 U.S.C.
 14 1395x(s)(14), 1395y(a)(1)(F)) are each amended by in-
 15 serting “and screening pelvic exam” after “screening pap
 16 smear”.

17 **SEC. 4. COVERAGE OF COLORECTAL SCREENING.**

18 (a) **COVERAGE.**—

19 (1) **IN GENERAL.**—Section 1861 of the Social
 20 Security Act (42 U.S.C. 1395x) is amended—

21 (A) in subsection (s)(2)—

22 (i) by striking “and” at the end of
 23 subparagraphs (N) and (O), and

24 (ii) by inserting after subparagraph
 25 (O) the following new subparagraph:

“(P) colorectal cancer screening tests (as defined in subsection (oo)); and”; and

(B) by adding at the end the following new subsection:

“Colorectal Cancer Screening Tests

“(oo)(1) The term ‘colorectal cancer screening test’ means any of the following procedures furnished to an individual for the purpose of early detection of colorectal cancer:

“(A) Screening fecal-occult blood test.

“(B) Screening flexible sigmoidoscopy.

“(C) In the case of an individual at high risk for colorectal cancer, screening colonoscopy.

“(D) Screening barium enema, if found by the Secretary to be an appropriate alternative to screening flexible sigmoidoscopy under subparagraph (B) or screening colonoscopy under subparagraph (C).

“(E) For years beginning after 2002, such other procedures as the Secretary finds appropriate for the purpose of early detection of colorectal cancer, taking into account changes in technology and standards of medical practice, availability, effectiveness, costs, and such other factors as the Secretary considers appropriate.

1 “(2) In paragraph (1)(C), an ‘individual at high risk
 2 for colorectal cancer’ is an individual who, because of fam-
 3 ily history, prior experience of cancer or precursor neo-
 4 plastic polyps, a history of chronic digestive disease condi-
 5 tion (including inflammatory bowel disease, Crohn’s Dis-
 6 ease, or ulcerative colitis), the presence of any appropriate
 7 recognized gene markers for colorectal cancer, or other
 8 predisposing factors, faces a high risk for colorectal can-
 9 cer.”.

10 (2) DEADLINE FOR DECISION ON COVERAGE OF
 11 SCREENING BARIUM ENEMA.—Not later than 2
 12 years after the date of the enactment of this Act, the
 13 Secretary of Health and Human Services shall issue
 14 and publish a determination on the treatment of
 15 screening barium enema as a colorectal cancer
 16 screening test under section 1861(o) of the Social
 17 Security Act (as added by subparagraph (B)) as an
 18 alternative procedure to a screening flexible
 19 sigmoidoscopy or screening colonoscopy.

20 (b) FREQUENCY AND PAYMENT LIMITS.—

21 (1) IN GENERAL.—Section 1834 of such Act
 22 (42 U.S.C. 1395m) is amended by inserting after
 23 subsection (c) the following new subsection:

24 “(d) FREQUENCY AND PAYMENT LIMITS FOR
 25 COLORECTAL CANCER SCREENING TESTS.—

1 “(1) SCREENING FECAL-OCCULT BLOOD
2 TESTS.—

3 “(A) PAYMENT LIMIT.—In establishing fee
4 schedules under section 1833(h) with respect to
5 colorectal cancer screening tests consisting of
6 screening fecal-occult blood tests, except as pro-
7 vided by the Secretary under paragraph (4)(A),
8 the payment amount established for tests per-
9 formed—

10 “(i) in 1998 shall not exceed \$5; and

11 “(ii) in a subsequent year, shall not
12 exceed the limit on the payment amount
13 established under this subsection for such
14 tests for the preceding year, adjusted by
15 the applicable adjustment under section
16 1833(h) for tests performed in such year.

17 “(B) FREQUENCY LIMIT.—Subject to revi-
18 sion by the Secretary under paragraph (4)(B),
19 no payment may be made under this part for
20 colorectal cancer screening test consisting of a
21 screening fecal-occult blood test—

22 “(i) if the individual is under 50 years
23 of age; or

1 “(ii) if the test is performed within
2 the 11 months after a previous screening
3 fecal-occult blood test.

4 “(2) SCREENING FLEXIBLE
5 SIGMOIDOSCOPIES.—

6 “(A) PAYMENT AMOUNT.—The Secretary
7 shall establish a payment amount under section
8 1848 with respect to colorectal cancer screening
9 tests consisting of screening flexible
10 sigmoidoscopies that is consistent with payment
11 amounts under such section for similar or relat-
12 ed services, except that such payment amount
13 shall be established without regard to sub-
14 section (a)(2)(A) of such section.

15 “(B) FREQUENCY LIMIT.—Subject to revi-
16 sion by the Secretary under paragraph (4)(B),
17 no payment may be made under this part for
18 a colorectal cancer screening test consisting of
19 a screening flexible sigmoidoscopy—

20 “(i) if the individual is under 50 years
21 of age; or

22 “(ii) if the procedure is performed
23 within the 47 months after a previous
24 screening flexible sigmoidoscopy.

1 “(3) SCREENING COLONOSCOPY FOR INDIVID-
2 UALS AT HIGH RISK FOR COLORECTAL CANCER.—

3 “(A) PAYMENT AMOUNT.—The Secretary
4 shall establish a payment amount under section
5 1848 with respect to colorectal cancer screening
6 test consisting of a screening colonoscopy for
7 individuals at high risk for colorectal cancer (as
8 defined in section 1861(oo)(2)) that is consist-
9 ent with payment amounts under such section
10 for similar or related services, except that such
11 payment amount shall be established without
12 regard to subsection (a)(2)(A) of such section.

13 “(B) FREQUENCY LIMIT.—Subject to revi-
14 sion by the Secretary under paragraph (4)(B),
15 no payment may be made under this part for
16 a colorectal cancer screening test consisting of
17 a screening colonoscopy for individuals at high
18 risk for colorectal cancer if the procedure is
19 performed within the 23 months after a pre-
20 vious screening colonoscopy.

21 “(4) REDUCTIONS IN PAYMENT LIMIT AND RE-
22 VISION OF FREQUENCY.—

23 “(A) REDUCTIONS IN PAYMENT LIMIT FOR
24 SCREENING FECAL-OCCULT BLOOD TESTS.—

25 The Secretary shall review from time to time

1 the appropriateness of the amount of the pay-
2 ment limit established for screening fecal-occult
3 blood tests under paragraph (1)(A). The Sec-
4 retary may, with respect to tests performed in
5 a year after 2000, reduce the amount of such
6 limit as it applies nationally or in any area to
7 the amount that the Secretary estimates is re-
8 quired to assure that such tests of an appro-
9 priate quality are readily and conveniently
10 available during the year.

11 “(B) REVISION OF FREQUENCY.—

12 “(i) REVIEW.—The Secretary shall re-
13 view periodically the appropriate frequency
14 for performing colorectal cancer screening
15 tests based on age and such other factors
16 as the Secretary believes to be pertinent.

17 “(ii) REVISION OF FREQUENCY.—The
18 Secretary, taking into consideration the re-
19 view made under clause (i), may revise
20 from time to time the frequency with
21 which such tests may be paid for under
22 this subsection, but no such revision shall
23 apply to tests performed before January 1,
24 2001.

1 “(5) LIMITING CHARGES OF NONPARTICIPATING
2 PHYSICIANS.—

3 “(A) IN GENERAL.—In the case of a
4 colorectal cancer screening test consisting of a
5 screening flexible sigmoidoscopy or a screening
6 colonoscopy provided to an individual at high
7 risk for colorectal cancer for which payment
8 may be made under this part, if a nonpartici-
9 pating physician provides the procedure to an
10 individual enrolled under this part, the physi-
11 cian may not charge the individual more than
12 the limiting charge (as defined in section
13 1848(g)(2)).

14 “(B) ENFORCEMENT.—If a physician or
15 supplier knowing and willfully imposes a charge
16 in violation of subparagraph (A), the Secretary
17 may apply sanctions against such physician or
18 supplier in accordance with section
19 1842(j)(2).”.

20 (2) SPECIAL RULE FOR SCREENING BARIUM
21 ENEMA.—If the Secretary of Health and Human
22 Services issues a determination under paragraph
23 (1)(C) that screening barium enema should be cov-
24 ered as a colorectal cancer screening test under sec-
25 tion 1861(o) of the Social Security Act (as added

1 by paragraph (2)(B)), the Secretary shall establish
2 frequency limits (including revisions of frequency
3 limits) for such procedure consistent with the fre-
4 quency limits for other colorectal cancer screening
5 tests under section 1834(d) of such Act (as added
6 by subparagraph (A)), and shall establish payment
7 limits (including limits on charges of nonparticipat-
8 ing physicians) for such procedure consistent with
9 the payment limits under part B of title XVIII of
10 such Act for diagnostic barium enema procedures.

11 (c) CONFORMING AMENDMENTS.—(1) Paragraphs
12 (1)(D) and (2)(D) of section 1833(a) of such Act (42
13 U.S.C. 1395l(a)) are each amended by inserting “or sec-
14 tion 1834(d)(1)” after “subsection (h)(1)”.

15 (2) Section 1833(h)(1)(A) (42 U.S.C.
16 1395l(h)(1)(A)) is amended by striking “The Secretary”
17 and inserting “Subject to paragraphs (1) and (4)(A) of
18 section 1834(d), the Secretary”.

19 (3) Clauses (i) and (ii) of section 1848(a)(2)(A) (42
20 U.S.C. 1395w-4(a)(2)(A)) are each amended by inserting
21 after “a service” the following: “(other than a colorectal
22 cancer screening test consisting of a screening colonoscopy
23 provided to an individual at high risk for colorectal cancer
24 or a screening flexible sigmoidoscopy)”.

1 (4) Section 1862(a) of such Act (42 U.S.C. 1395y(a))
2 is amended—

3 (A) in paragraph (1)—

4 (i) in subparagraph (E), by striking “and”
5 at the end,

6 (ii) in subparagraph (F), by striking the
7 semicolon at the end and inserting “, and”, and

8 (iii) by adding at the end the following new
9 subparagraph:

10 “(G) in the case of colorectal cancer screening
11 tests, which are performed more frequently than is
12 covered under section 1834(d);” and

13 (B) in paragraph (7), by striking “paragraph
14 (1)(B) or under paragraph (1)(F)” and inserting
15 “subparagraph (B), (F), or (G) of paragraph (1)”.

16 **SEC. 5. PROSTATE CANCER SCREENING TESTS.**

17 (a) **COVERAGE.**—Section 1861 of the Social Security
18 Act (42 U.S.C. 1395x), as amended by section 4(a), is
19 amended—

20 (1) in subsection (s)(2)—

21 (A) by striking “and” at the end of sub-
22 paragraph (P);

23 (B) by adding “and” at the end of sub-
24 paragraph (Q); and

1 (C) by adding at the end the following new
2 subparagraph:

3 “(R) prostate cancer screening tests (as defined
4 in subsection (pp)); and”;

5 (2) by adding at the end the following new sub-
6 section:

7 “Prostate Cancer Screening Tests

8 “(pp)(1) The term ‘prostate cancer screening test’
9 means a test that consists of any (or all) of the procedures
10 described in paragraph (2) provided for the purpose of
11 early detection of prostate cancer to a man over 50 years
12 of age who has not had such a test during the preceding
13 year.

14 “(2) The procedures described in this paragraph are
15 as follows:

16 “(A) A digital rectal examination.

17 “(B) A prostate-specific antigen blood test.

18 “(C) For years beginning after 2001, such
19 other procedures as the Secretary finds appropriate
20 for the purpose of early detection of prostate cancer,
21 taking into account changes in technology and
22 standards of medical practice, availability, effective-
23 ness, costs, and such other factors as the Secretary
24 considers appropriate.”.

1 (b) PAYMENT FOR PROSTATE-SPECIFIC ANTIGEN
2 BLOOD TEST UNDER CLINICAL DIAGNOSTIC LABORA-
3 TORY TEST FEE SCHEDULES.—Section 1833(h)(1)(A) of
4 such Act (42 U.S.C. 1395l(h)(1)(A)) is amended by in-
5 serting after “laboratory tests” the following: “(including
6 prostate cancer screening tests under section 1861(pp)
7 consisting of prostate-specific antigen blood tests)”.

8 (c) CONFORMING AMENDMENT.—Section 1862(a) of
9 such Act (42 U.S.C. 1395y(a)), as amended by section
10 4(c)(4), is amended—

11 (1) in paragraph (1)—

12 (A) in subparagraph (F), by striking
13 “and” at the end,

14 (B) in subparagraph (G), by striking the
15 semicolon at the end and inserting “, and”, and

16 (C) by adding at the end the following new
17 subparagraph:

18 “(H) in the case of prostate cancer screening
19 tests (as defined in section 1861(oo)), which are per-
20 formed more frequently than is covered under such
21 section;” and

22 (2) in paragraph (7), by striking “or (G)” and
23 inserting “(G), or (H)”.

1 **SEC. 6. DIABETES SCREENING BENEFITS.**

2 (a) COVERAGE OF DIABETES OUTPATIENT SELF-
3 MANAGEMENT TRAINING SERVICES.—

4 (1) IN GENERAL.—Section 1861 of the Social
5 Security Act (42 U.S.C. 1395x), as amended by sec-
6 tions 4(a) and 5(a), is amended—

7 (A) in subsection (s)(2)—

8 (i) by striking “and” at the end of
9 subparagraph (Q);

10 (ii) by adding “and” at the end of
11 subparagraph (R); and

12 (iii) by adding at the end the follow-
13 ing new subparagraph:

14 “(S) diabetes outpatient self-management train-
15 ing services (as defined in subsection (qq)); and”;
16 and

17 (B) by adding at the end the following new
18 subsection:

19 “Diabetes Outpatient Self-management Training Services

20 “(qq)(1) The term ‘diabetes outpatient self-manage-
21 ment training services’ means educational and training
22 services furnished to an individual with diabetes by or
23 under arrangements with a certified provider (as described
24 in paragraph (2)(A)) in an outpatient setting by an indi-
25 vidual or entity who meets the quality standards described

1 in paragraph (2)(B), but only if the physician who is man-
2 aging the individual's diabetic condition certifies that such
3 services are needed under a comprehensive plan of care
4 related to the individual's diabetic condition to provide the
5 individual with necessary skills and knowledge (including
6 skills related to the self-administration of injectable drugs)
7 to participate in the management of the individual's condi-
8 tion.

9 “(2) In paragraph (1)—

10 “(A) a ‘certified provider’ is an individual or
11 entity that, in addition to providing diabetes out-
12 patient self-management training services, provides
13 other items or services for which payment may be
14 made under this title; and

15 “(B) an individual or entity meets the quality
16 standards described in this paragraph if the individ-
17 ual or entity meets quality standards established by
18 the Secretary, except that the individual or entity
19 shall be deemed to have met such standards if the
20 individual or entity meets applicable standards origi-
21 nally established by the National Diabetes Advisory
22 Board and subsequently revised by organizations
23 who participated in the establishment of standards

1 by such Board, or is recognized by the American Di-
2 abetes Association as meeting standards for furnish-
3 ing the services.”.

4 (2) CONSULTATION WITH ORGANIZATIONS IN
5 ESTABLISHING PAYMENT AMOUNTS FOR SERVICES
6 PROVIDED BY PHYSICIANS.—In establishing payment
7 amounts under section 1848(a) of the Social Secu-
8 rity Act for physicians’ services consisting of diabe-
9 tes outpatient self-management training services, the
10 Secretary of Health and Human Services shall con-
11 sult with appropriate organizations, including the
12 American Diabetes Association, in determining the
13 relative value for such services under section
14 1848(c)(2) of such Act.

15 (b) BLOOD-TESTING STRIPS FOR INDIVIDUALS WITH
16 DIABETES.—

17 (1) INCLUDING STRIPS AS DURABLE MEDICAL
18 EQUIPMENT.—The first sentence of section 1861(n)
19 of such Act (42 U.S.C. 1395x(n)) is amended by in-
20 serting before the semicolon the following: “, and in-
21 cludes blood-testing strips for individuals with diabe-
22 tes without regard to whether the individual has
23 Type I or Type II diabetes or to the individual’s use

1 of insulin (as determined under standards estab-
2 lished by the Secretary in consultation with the
3 American Diabetes Association)”).

4 (2) PAYMENT FOR STRIPS BASED ON METH-
5 ODOLOGY FOR INEXPENSIVE AND ROUTINELY PUR-
6 CHASED EQUIPMENT.—Section 1834(a)(2)(A) of
7 such Act (42 U.S.C. 1395m(a)(2)(A)) is amended—

8 (A) by striking “or” at the end of clause

9 (ii);

10 (B) by adding “or” at the end of clause

11 (iii); and

12 (C) by inserting after clause (iii) the fol-

13 lowing new clause:

14 “(iv) which is a blood-testing strip for

15 an individual with diabetes,”.

16 (c) ESTABLISHMENT OF OUTCOME MEASURES FOR
17 BENEFICIARIES WITH DIABETES.—

18 (1) IN GENERAL.—The Secretary of Health and
19 Human Services, in consultation with appropriate
20 organizations (including the American Diabetes As-
21 sociation), shall establish outcome measures, includ-
22 ing glycosylated hemoglobin (past 90-day average
23 blood sugar levels), for purposes of evaluating the
24 improvement of the health status of Medicare bene-
25 ficiaries with diabetes mellitus.



1 (2) RECOMMENDATIONS FOR MODIFICATIONS
2 TO SCREENING BENEFITS.—Taking into account in-
3 formation on the health status of Medicare bene-
4 ficiaries with diabetes mellitus as measured under
5 the outcome measures established under subpara-
6 graph (A), the Secretary shall from time to time
7 submit recommendations to Congress regarding
8 modifications to the coverage of services for such
9 beneficiaries under the Medicare program.

10 **SEC. 7. EFFECTIVE DATE.**

11 The amendments made by this Act shall apply to
12 items and services furnished on or after January 1, 1998.

○